

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34094

STATE FILE NUMBER

FILED OCT 4 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 8934

300
1-57

All diseases in Part I must be causally related to death. No symptoms will be listed.

General: no other cause - Pt. expired to lat.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS 1007 Lynch	
3. NAME OF DECEASED (Type or print) First ALBERT Middle GEORGE Last SCHIEK		4. DATE OF DEATH SEPT. 23, 1957	
5. SEX Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Mar. 28-1888
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Schiek		13b. MOTHER'S MAIDEN NAME Lena Streitz	
14. NAME OF HUSBAND OR WIFE Margaret Schiek		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 499-01-8544A		17. INFORMANT Address Mrs. Margaret Schiek 1007 Lynch	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dehydration and malnutrition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 286.5	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 9/20/57 to 9/23/57 and last saw her/him alive on 9/23/57 Death occurred at 1:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John A. Chapman, M.D. (Degree or title)	
22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 9/23/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-26-1957	23c. NAME OF CEMETERY OR CREMATORY Old St. Marcus Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. SEP 24 '57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Leo J. Buddle

Licensed Embalmer No. 3989

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.